



AC/EN

PATENT
Attorney Docket No. AXO-003C1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Muir
SERIAL NO.: 10/812,776 GROUP NO.: 1657
FILING DATE: March 29, 2004 EXAMINER: Afremova, Vera
TITLE: *MATERIALS AND METHODS FOR NERVE GRAFTING, SELECTION
OF NERVE GRAFTS, AND IN VITRO NERVE TISSUE CULTURE*

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
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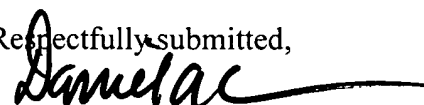
RESPONSE TO INTERVIEW SUMMARY

This paper is submitted in response to the Interview Summary based on a telephonic interview which took place on October 11, 2006, with Mr. Steven J. Frank, Examiner Mike Wityshyn, Examiner Yvonne Eyler, Examiner Vera Afremova, and the undersigned. During the interview, Applicant's representatives explained their position as provided in the Office Action response of July 25, 2006.

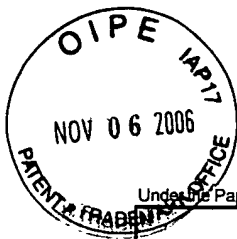
Date: November 1, 2006
Reg. No. 45,508

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Respectfully submitted,



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PTO/SB/21 (09-06)

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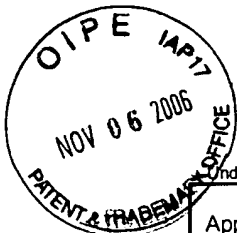
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/812,776-Conf. #4996
	Filing Date	March 29, 2004
	First Named Inventor	David F. Muir
	Art Unit	1657
	Examiner Name	V. Afremova
Total Number of Pages in This Submission	Attorney Docket Number	AXO-003C1

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): - Return Receipt Postcard - Response to Interview Summary - Certificate of Mailing under 35 CFR 1.8
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	GOODWIN PROCTER LLP		
Signature			
Printed name	Daniel A. Wilson		
Date	November 1, 2006	Reg. No.	45,508



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Application No. (if known): 10/812,776

Attorney Docket No.: AXO-003C1

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